U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
DE LO TUE INCTRUCTIONS CAREEULLY REFORE PREPARING THIS REPORT.		
E NET COMP		
1. File Number U -	2. Fiscal Year Covered From:	
	1/1/2004 Through: 12/97/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name ROBERT E CASTELLANO	Name TEAMSTERS LUCAL UNION TOP	
	Labor Organization File Number 00210	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2003 R4-130 SUITE B	Street 2003 R4130 Suite B	
City NO BRUNSWICK	city No. BRUNSWICK	
State 10. J. ZIP Code + 4 08902	State	
5. Position in labor organization. SECRETARY	TREASURER B.A.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Robert Castellano	On 732-297-2761 Date Telephone Number	

Name of Person Filling ROBERT E. CASTE	LLAND	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde	r parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ENNIS PREZIOSO + CO. U.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ##O Sylvan AVE City ENGLE LUCON CLIFFS State ZIP Code +4 276.32	or other thing of value. 14.a. Nature of payment. BUSINES WITH LU	S MEETING LUNCH CAL UNION ACCOUNTAR S FOR LUNCH.		
13.b. Is the Business an Employer or Consultant ?	The famount of paymont	\$38.00		

Name of Person Filling ROBERT E. CASTE	LLAND File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:	•		
Name				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street	timent			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
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Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		i da anticología de la como de la La como de la como de		
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
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•	12.b. Amount.	H against (State State)		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name MIS JENSEY I.B.T. L-701 WELFARE + PENSION FUND	Oc			
Trade Name, if any:	SEE			
P.O. Box, Bldg., Room No., if any	ATTACHE			
Street 2003 US ROUTE 130 SUITE A	HTTACHE			
City NO. BRUNSWICK		elemento establica de la composición d La composición de la		
State				
13 h. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant ?		3680.		

Welfare & Pension Fund

For the Mid-Jersey Trucking Industry & Local No. 701

2003 US Route # 130, Suite A • North Brunswick, NJ 08902 Telephone (732) 297-3900 Fax (732) 821-3167

July 22, 2005



Mr. Ernie Soehl, President International Brotherhood of Teamsters Local 701 2003 U.S. Highway 130, Suite B North Brunswick, NJ 08902

Re: LM-30 Reporting

Dear Ernie:

Pursuant to your letter dated July 15, 2005 concerning the above referenced, I have reviewed the Fund Office records and have found that the Welfare and Pension Fund had expenditures for one union officer, Mr. Robert Castellano, for the 2004 calendar year. Those expenditures where for an employee benefits conference held by the American Alliance Conference in Orlando, FL, from May 22 -26, 2004, and are as follows:

Conference Fee	\$1,350.00
Airfare	\$230.20
Limo to/from airport	\$210.00
Hotel	\$882.47
Car Rental	\$507.82
Per diem	\$500.00
Total	\$3,680.49

Should you have any questions please do not hesitate to contact me.

Very truly yours,

Eugene McGlynn Fund Manager

/em

cc:

Board of Trustees / Fredrick Marx, Esq.